

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/516662

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/				
2	/		/				52		/				
3	/		/				53		/				
4	/		/				54		/				
5	/		/				55		/				
6	/		/				56		/				
7	/		/				57		/				
8	/		/				58		/				
9	/		/				59		/				
10	/		/				60		/				
11	/		/				61		/				
12	/		/				62		/				
13	/		/				63		/				
14	/		/				64		/				
15	/		/				65		/				
16	/		/				66		/				
17	/		/				67		/				
18	/		/				68		/				
19	/		/				69		/				
20	/		/				70		/				
21	/		/				71		/				
22	/		/				72		/				
23	/		/				73		/				
24	/		/				74		/				
25	/		/				75		/				
26	/		/				76		/				
27	/		/				77		/				
28	/		/				78		/				
29	/		/				79		/				
30	/		/				80		/				
31	/		/				81		/				
32	/		/				82		/				
33	/		/				83		/				
34	/		/				84		/				
35	/		/				85		/				
36	/		/				86		/				
37	/		/				87		/				
38	/		/				88		/				
39	/		/				89		/				
40	/		/				90		/				
41	/		/				91		/				
42	/		/				92		/				
43	/		/				93		/				
44	/		/				94		/				
45	/		/				95		/				
46	/		/				96		/				
47	/		/				97		/				
48	/		/				98		/				
49	/		/				99		/				
50	/		/				100		/				
TOTAL IND.	20	↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	18	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	5		22				TOTAL CLAIMS						